IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Laws n, Eric J. Skaggs, James R. Art Group:

Unkn wn

App. No.:

Unknown

Atty's F/N:

LAW101

For:

Game of Chance

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 **Alexandria, VA 22313-1450**

NEW APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this NEW APPLICATION TRANSMITTAL and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this day of January , 2004, in an envelope as "Express Mail Post Office to Addressee"(Mailing Label Number EL-886-358-205-US addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

James T. Robinson

Name of Person Mailing Paper

Signature of Person Mailing Paper

Transmitted herewith for filing is the patent application of

Inventors:

Eric J. Lawson and James R. Skaggs

For:

Game of Chance

1. Type of Application

This new application is for an: Original

GAME OF CHANCE **ERIC J. LAWSON AND JAMES R SKAGGS, INVENTORS NEW APPLICATION TRANSMITTAL**

2. Benefit of Prior U.S. Application(s) (35 U.S.C. § 120)

None

- 3. Papers Enclosed Which Are Required For Filing Date Under 37 CFR 1.53(b) (Regular) or 37 CFR 1.153 (Design) Application:
 - 14 Pages of Specification
 - 5 Pages of Claims
 - 1 Page of Abstract
 - 5 Sheets of Formal Drawings

4. Declaration or Oath

We are enclosing a COMBINED DECLARATION AND POWER OF ATTORNEY executed by the inventors.

5. Additional Papers Enclosed

- .
- FEE TRANSMITTAL FOR FY2004 FORM PTO/SB/17.
- Information Disclosure Statement with attachments.
- Check Number 2183 in the amount of \$385.00.
- Receipt verification postcard.

6. Inventorship Statement

The inventorship for all the claims in this application is **the same**.

7. Fee Calculation (37 CFR 1.16)

(Form PTO/SB/17 FEE TRANSMITTAL FOR FY 2004 enclosed.)

REGULAR APPLICATION

2001/Utility Filing Fee:			\$385.00
2202 Claims in excess of 20:	20 - 16	= 0	0.00
2201/Independent Claims:	3 - 3	= 0	0.00

Filing Fee Calculation: \$ 385.00

8. **Small Entity Statement**

The applicant is entitled to small entity status.

Filing Fee (Paragraph 7):

\$385.00

9. **Additional Fees**

None

10. Fee Payment Being Made At This Time

Enclosed is the Filing Fee (\$385.00).

Total fees enclosed:

\$385.00

11. **Method of Payment of Fees**

Check No.2183 in the amount of \$385.00.

Please refund any overpayment to applicant's attorney.

purey 28, 2004 Dated:

James T. Robinson, Reg. No. 33,548

EXCLUSIVITY-LAW, INC. 222 East Main Street

Norman, OK 73069-1303

Telephone Number 405.292.1911 Facsimile Number 405.321.1104

Email james.robinson@askeli.info

ATTORNEY FOR APPLICANT

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	385	. 00
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Complete if Known						
Application Number						
Filing Date	JANUARY 28, 2004					
First Named Inventor	LAWSON, ERIC J.					
Examiner Name						
Art Unit						
Attorney Docket No.	LAWIOI					

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
Check Credit card Money Other None		3. ADDITIONAL FEES				
Order U U		Large Entity Small Entity				
Deposit Account:	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Con Doid
Account	1051	130	2051		Surcharge - late filing fee or oath	Fee Paid
Number Deposit	1052	50	2052		Surcharge - late provisional filing fee or	
Account Name					cover sheet	
The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	\vdash
Charge fee(s) indicated below Credit any overpayments		2,520	1812 2		For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 205 Heiliby Sling for	1255	2,010	2255	1,005	Extension for reply within fifth month	ļ
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 385	1452	110	2452	55	Petition to revive - unavoidable	
		1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Total Claims (6 -20** = X = + X	1503	640	2503	320	Plant issue fee	
Claims Multiple Dependent	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 ČFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	,	
		fee (sp	ecify) _			
SUBTOTAL (2) (\$) 4		٠.		iling F	ee Paid SUBTOTAL (3) (\$)	#
**or number previously paid, if greater; For Reissues, see above					(-) (-)	<u> </u>

SUBMITTED BY

Name (Print/Type)

James T. Robinson

Signature

(Complete (if applicable))

Registration No. (Attorney/Agent)

33,548

Telephone 405.292.1911

Date

Jan. 28, 2604

WARNING: Informati n n this form may bec me public. Credit card informati n should n t be included on this form. Provide credit card informati n and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.